

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
21M1/0917 MCANDREWS HELD & MALLOY NORTHWESTERN ATRIUM CENTER 500 WEST MADISON 34TH FLOOR CHICAGO IL 60661		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/415,075	03/30/95	003	SHIN, K	2141 09/17/96

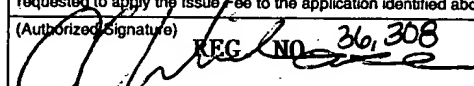
TITLE OF INVENTION
BATTERY PACK HAVING MEMORY

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 05717YA	020 021.000	E32	UTILITY	NO	\$1260.00	12/17/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 MCANDREWS, HELD & MALLOY, LTD. 2 _____ 3 _____

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820 TL 13-0017 12/31/96 08415075
 82280 142 1,290.00CH
 82281 561 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT. (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: NORAND CORPORATION		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____	
(2) ADDRESS: (CITY & STATE OR COUNTRY) CEDAR RAPIDS, IOWA		6b. The following fees should be charged to:	
		DEPOSIT ACCOUNT NUMBER SEE BOX 6C	
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A. <input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input checked="" type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		(Authorized Signature)  REG NO. 36,308 (Date) 12/17/96	
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TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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DECEMBER 17, 1996

on

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REG. NO. 36,308

(Name of person making deposit)

(Signature)

DECEMBER 17, 1996

(Date)

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Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.